(Name, Address,	Phone Number)	
IN THE W	ORKERS' COMPENSATION COU	RT OF THE STATE OF MONTANA
VS.	Petitioner,)	WCC No
		PETITION
	Respondent/Insurer for)	F O R H E A R I N G
	Employer.	
1. That on	the course of her/his employment	e: ner suffered an industrial injury arising with County,
	titioner injured her/his	
2. At the		yer was enrolled under Compensation ation Act and its insurer is
	ute exists between the parties. Expages if necessary.)	plain in detail the nature of the dispute.

4. Petitioner has exchanged all available pertinent medical records relating to the injury with the defendant and will continue to do so.

5.	Check the appropriate pa	k the appropriate paragraph below:	
a	unable to do so, and this court. (For injurie	made an effort to resolve this dispute but have been a therefore a dispute exists which requires resolution by es occurring before July 1, 1987.) cedure set forth in the Workers' Compensation Act has	
	been complied with	1. (For injuries occurring after July 1, 1987.)	
*6. matte	_	lividuals who are potential witnesses for petitioner in this	
mano	Name and Address	General Subject Matter of Testimony	
	T. (II.)		
* 7. introd	uced as evidence by petition	written documents relating to this case which may be oner:	
the fo	llowing relief be granted. (etfully prays that this petition be set for hearing and that Explain what you want the court to decide.)	
1)			
2)			
3)			
	DATED this day of	, 1997.	
		Petitioner	
		i Guionoi	

^{*} If additional space is needed, please attach sheet to this petition for hearing.